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ABSTRACT

The purpose of this study is twofold: (1) to determine whether a relationship exists between maternal depressive symptomatology and children's emotional well-being, and (2) to determine specifically whether it is the depressed mother's lack of supportiveness that affects her child's well-being. A total of 160 nonclinical population mother/child pairs from low- and moderately low-income families participated. A 3- to 4-hour structured interview on stress and well-being was administered to each mother. The interview obtained information about the mother's mental and physical health, relationships with family and friends, parenting and child care practices, family finances, and contacts with mental health and welfare institutions. Each child was administered a half-hour interview that included self-report scales measuring locus of control, self-esteem, happiness in the parent/child relationship, and worries, as well as questions about the child's social support networks. In general, results support the hypothesis that maternal depression and amount of maternal support are related to children's emotional well-being. They also suggest that maternal depression and amount of maternal support are independent of each other, each exerting a unique effect on children. (MP)

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Maternal Depression: A Source of Stress for Children

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Maternal Depression: A Source of Stress for Children

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Interest continues to grow in the impact of stress on children. In many cases, stress is a new term for a familiar phenomenon. For example, children face many routine stresses as part of their growing up, e.g. birth of siblings, separations from parents, starting school, changing schools, etc. Most psychologists would agree that such stresses usually pose no real mental health threat for children. On the other hand, there are many stresses which are unexpected events in the lives of children, such as parental death or divorce, and there is concern about the impact of these events on children. Other types of stress may be less eventful yet more insidious because they become a part of the context in which children's development occurs: examples of this type of stressful life condition include poverty, poor health, troubled family relationships, and maternal depression. The purpose of this paper is to examine the relationship between maternal depression and children's emotional well-being in a non-clinical population.

The study of maternal depression is timely since utilization studies show that there are disproportionate numbers of mothers with young children using mental health services. (Guttentag, Salasin & Belle, 1980). In addition, research on stress and mental health shows that women often are in life situations which are productive of depression, e.g. poverty, single-parenthood,

and responsibility for young children (Pearlin & Johnson, 1977; Brown, Bhrolchain, & Harris, 1975).

Research on the effects of maternal mental health on children has shown that children are psychologically vulnerable to their mothers' well-being with resulting impairments in their academic, social, and emotional development (Rolf & Garmezy, 1974; Rutter, Tizard, & Whitmore, 1970; Weintraub, Neale, & Liebert, 1975; Werner & Smith, 1982; Langner, McCarthy, Gersten, Simcha-Fagan, & Eisenberg, 1979; Garrison & Earls, 1982). Those studies which focus specifically on maternal depression find that school-aged children of depressed mothers, compared to children of non-depressed mothers show more behavioral problems, poorer overall social and academic competence, and attentional deficits (Weissman & Paykel, 1974; Rolf, 1972; Cohler, Grunebaum, Weiss, Garner & Gallant, 1977). Research on depressed mothers' relationships with their children shows that they are less involved with and less affectionate towards their children, and are less responsive to their children's demands for attention and communication (Weissman and Paykel, 1974; Longfellow, Zelkowitz, & Saunders, 1982). These studies suggest that it may be the lack of support from depressed mothers that accounts for the social and emotional difficulties experienced by their children.

The purpose of this paper is twofold: (1) to determine whether a relationship exists between maternal depressive symptomatology and children's emotional well-being; and (2) to determine specifically whether it is the depressed mother's lack of supportiveness that affects her child's well-being.

Methods

Subjects

The sample consisted of 169 mother-child pairs from low- and moderately low-income families in the Boston area. Families were recruited for the study by sending letters home with children from the public schools. There were 87 boys and 82 girls who ranged in age from 5 to 12 years. The sample included approximately equal numbers of working and non-working mothers; 40% of the mothers were single and 60% were married or living with a boyfriend. Approximately 25% of the sample were Black and 75% were white. It is important to emphasize that the sample was drawn from a non-clinical population.

Procedures

A 3-4-hour structured interview on stress and well-being was administered to each mother. The interview obtained information about the mother's mental health, physical health, relationships with family and friends, intimate relationships, parenting and child care work, family finances, and contacts with mental heatlh and welfare institutions.

Each child was administered a half-hour interview which included self-report scales measuring locus of control, self-esteem, happiness in the parent-child relationship, and worries, as well as questions about the child's social support networks. All interviews were conducted in the respondents' homes.

Measures

(1) Maternal depression was measured with the CES-D Scale (Center for Epidemiologic Studies Depression Scale)-- a self-report scale which asks the frequency with which the respondent

has experienced 20 common symptoms of depression over the previous week such as loss of appetite, tearfulness, and hopelessness. The scale has been found to reliably distinguish between psychiatric inpatients and the general population; however, high scores on the scale should not be interpreted to mean that a woman is suffering from the clinical syndrome of depression. The mean depression score for our sample was high compared to the averages reported in a standardization study using the general population (Weissman & Lockes, 1975).

(2) The measure of maternal support was derived from the interview with the child which asked who provided companionship, comfort, and help under various circumstances and how often they participated in various activities with their mothers. A copy of the scale is included in Appendix A. The scale consisted of 16 items and had good internal consistency, but only fair test-retest reliability (r=.39).

(3) The Parent-Child Relationship Scale, a self-report scale administered to children, asked them about the quality of their relationship with their parents and how happy they felt at home (Swanson, 1950). Children were asked to agree or disagree with statements such as "As I have known it family life is happy" and "My parents take an interest in the things I like." The scale was modified to include 24 of the original 50 statements. The scale had high internal consistency (Cronbach's alpha=.85) and moderate reliability after a time lapse of up to three and one-half months (r=.63).

(4) Self-esteem was measured with the Coopersmith Self-Esteem Inventory (Coopersmith, 1967). The scale asks children to agree or disagree with statements about their feelings such as "I often wish I were someone else" and "I'm as nice looking as most people." Internal consistency for the scale was very high (Cronbach's alpha=.96) as was test-retest reliability (r=.76).

(5) Locus of control was measured by Bialer's Locus-of-Control Scale (Bialer, 1961). We included 19 questions from the 23-item scale such as "Do you feel you get punished when you don't deserve it?" and "Will people usually do things for you if you ask them?" Internal consistency for the modified scale was moderate (Cronbach's alpha=.52) and test-retest reliability was moderate (r=.51).

(6) A measure of the child's behavioral adjustment was obtained from the interview with the mother. Mothers were asked whether the child had certain problems including learning problems, behavioral problems, and problems with school or police authorities. The total number of problems reported by the mother was used as a measure of the child's behavioral adjustment.

Results

Pearson correlation coefficients were computed between the measures of children's emotional well-being and their mother's level of depression and support. As shown in Table 1, maternal depression was significantly correlated ($p<.05$) with children's self-esteem, locus of control, and behavior problems. The association between depression and children's happiness in the parent-child relationship approached significance ($p<.10$). The

correlations were in the direction hypothesized: children whose mothers were more depressed had more behavioral problems, lower self-esteem, and a more external locus of control. They also had less favorable views about the quality of their relationships with their parents.

Children's reports of their mother's supportiveness were significantly associated with all emotional indicators except the number of behavioral problems. Children who relied on their mothers for support had higher self-esteem, more internal locus of control, and felt happier about their relationships with their parents.

Contrary to expectation, maternal depression was not related to maternal support (r=.05). A multiple regression analysis indicated that these two aspects of maternal functioning combined to predict a significant proportion of the variance of each of the dependent variables with the exception of behavior problems (see Table 2). Maternal support and depression explained 8% of the variance in children's locus of control scores, 15% of the variance in self-esteem scores, and 16% of the variance in scores on the parent-child relationship scale. For each of these outcomes maternal support made a significant unique contribution to the explained variance while maternal depression did not, although the latter's contribution approached significance ($p<.10$) in the case of children's self-esteem and locus of control.

Discussion

The results of this study support the hypothesis that maternal depression and amount of maternal support are related to

children's emotional well-being. They also suggest that maternal depression and amount of maternal support are independent of each other, each exerting a unique effect on children.

The significance of maternal depression to children is underscored by additional analyses (reported in full elsewhere -- Longfellow & Belle, forthcoming) that assessed the impact of different types of stressors on children's well-being, e.g. maternal mental health, maternal physical health, divorce or separation, marital problems, family income level, family size, mother's job difficulties. Those stressors that reflected the mother's emotional and physical health (including depression) were the ones that best predicted children's behavioral adjustment and their happiness in the parent-child relationship. Stressors reflecting the family's life situation were not related to the child's self-reported happiness although they were related to the child's adjustment problems as reported by the mother.

We were particularly interested in our finding that children of depressed mothers had a more external locus-of-control. It has been argued that helplessness in childhood may be a necessary but not sufficient condition for the development of depression in adolescence (Dweck, 1977). Seligman's (1975) learned helplessness theory of depression suggests that a helpless attitude may develop through a mother's lack of responsiveness or lack of consistent responsiveness, resulting in a child's failure to develop a sense of agency. In an earlier study we found that depressed mothers indeed were less responsive to their children's requests (Longfellow et al., 1982). This same study also found that depressed mothers were more likely to use hostile and

dominating styles of interaction and less likely to behave in an affectionate or nurturant way with their children. Thus, feelings of helplessness and the failure to develop positive self-esteem may have their origins in the type of interactions that occur between a depressed mother and her child.

A recent research report has drawn the connections between style of family interaction and children's competence using a sample of previously hospitalized parent-patients (Cole, Baldwin, Baldwin & Fisher, 1982). The study showed that families characterized as active and warm in their interactions had children who were rated as more competent, both by their peers and their teachers. Interestingly, though, the strength of these predictions held primarily for warm and active father-child interactions and not for warm-active mother-child interactions. The study was not able to show that the quality of the parent-child relationship mediated between the level of parental functioning and the child's school competence (Baldwin, Cole, Baldwin, Fisher, Harder, & Kokes, 1982).

While depression and its toll on the objective quality of the mother-child relationship may be important to the child's emotional health, our findings also suggest that of equal importance is the child's own view of his/her mother's responsiveness, nurturance and warmth. In fact, children's perception of their mother's supportiveness was a more powerful predictor of their well-being than was maternal depression. We were not surprised to find that both support and depression were good predictors of children's well-being but we were surprised at the lack of

correlation between depression and children's view of maternal support. Although we have observed that depressed mothers are not as supportive to their children, the fact remains that even depressed mothers are providing some support to their children. For example, we found that the rate of interaction between depressed mothers and their children was no less than that between non-depressed mothers and their children and that all mothers, regardless of their level of depressive symptomatology did some nurturing of their children (Longfellow et al.,1982). Our measure of support may tell us whether the child feels he/she is getting any support at all: perhaps it is the receipt of some support rather than the amount of support that is critical to the child's well-being.

Another interpretation of these findings is that our measure of maternal support was less a measure of maternal supportiveness and more a measure of the child's ability to use mother as a support resource. In other words, we may have been tapping into one of children's coping strategies -- a kind of social resourcefulness that enables them to reach out to parents when they need comfort, encouragement or help. Children who display this type of competence have better overall emotional health.

Finally, we cannot rule out the possibility that our measure of maternal support in fact is a behavioral outcome. This interpretation suggests that maternal depression is directly linked to children's self-esteem and locus of control which in turn is linked to children's support-seeking behavior towards their mothers. In other words, children who have low self-esteem and an external locus of control are less likely to turn to their

mothers for support. Their feelings of helplessness and their lack of confidence, shaped in part by their mother's depression results in a failure to rely on their mothers for support.

Regardless of interpretation, support from mothers remains an important variable in the study of the impact of depression on children. As Rutter (1979) has shown, a supportive relationship between parent and child is an important buffer against various sources of stress, including parental mental illness. Our study suggests that an unsupportive mother, like a depressed mother, may be a significant souce of stress for her children.

TABLE 1

Correlations of Maternal Depression and Maternal Support with Measures of Children's Well-Being

	Maternal Depression	Maternal Support
Children's Adjustment Problems	.17*	-.06
Happiness with the Parent-Child Relationship	.11+	.38*
Locus of Control	.15*	.24*
Self-Esteem	.15*	.36*

* $p < .05$

+ $p < .10$

TABLE 2

Regression Statistics for Predicting

Children's Adjustment and Well-Being

Criterion	Predictor	Total R^2	Beta	F
Behavior Problems	Support		-.07	0.92
	Depression		.17	5.24*
		.03		2.98
Happiness with the Parent-Child	Support		.38	28.23*
	Depression		.09	1.77
		.16		15.39*
Locus of Control	Support		.23	9.79*
	Depression		.13	3.20
		.08		6.79*
Self-Esteem	Support		.36	24.80*
	Depression		.13	3.39
		.15		14.59*

* $p<.05$

APPENDIX A

Measure of Mother's Support

Questionnaire Items

1. When something really good happens to you, whom do you tell about it?
2. When you have done something nice at school, whom do you tell about it?
3. When you need help with school work, whom do you ask?
4. When you have a fight with your friend, whom do you tell about it?
5. When you do not feel good, when you are upset or unhappy, whom do you want to be with?
6. When you are afraid, or when you have a bad dream, whom do you tell about it?
7. When you have a problem that you want to talk about, who do you tell about it?
8. Who helps you best with problems or worries?
9. Whom can you talk to about things that are important to you?
10. Who is usually home when you come home from school?
11. Does anyone sit down and eat supper with you?
12. How often do you and your mother have a heart-to-heart talk (i.e. have a good close talk with her about your feelings)?
13. How often do you and your mother sit down for meals together?
14. How often do you and your mother have unpleasant arguments?
15. How often do you and your mother do fun things together like play or go to the movies?
16. How often are you punished by your mother?

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